

To: Space Utilization Board - Info only

Subj: REQUEST FOR MINOR SPACE REALIGNMENT

Date of Request: _____ Branch: _____

Code: _____ Division: _____

Point of Contact: _____ Telephone: _____

Date of prospective move: _____

1. Move from (include building, room number or cubicle):

2. Move to (include building, room number or cubicle):

3. Number of personnel to be moved and status (include position and rank):

4. Telecommunications services (describe telephone or computer changes, if any):

Requestor Signature: _____

Deputy Chief/Director Signature: _____

Acknowledged by Space Utilization Board Chair: _____

Copy to:

Support Services Branch
Fiscal Management Division
Information Technology Division
All other affected codes
Office of the Chief of Staff